15/5/2010

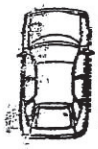
INS. CASE OWNER: Wancong | CC 4/AXA1702 1896 / Auas | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/11/17 Date / Time : 16/11/17

Registered in Merimen: 15/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : PZ 1200G Claim No. : C0459484

Name of Insured : Policy No. : GA164921

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ — D.O.A : 14/11/17 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

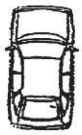
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

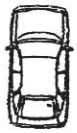
Insured Liability : % **Final ? Yes / No**

SKN 3334M →

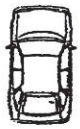
INSRS:
WSP: NHT
Tel :
Liability : NON ARC
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKN 3334M - CS/CTI17007929/Sgb3e2 DOA: 19/04/17
	PZ 1200G - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surveyor:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: _____ days Res.: **Yes** or **No**

Lum Sum: _____ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SKN 3334M Yr Regn: 2014 / May.

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: Volkswagen Golf c.c 1395

Colour Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 42929 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WVW2Z24UZEW363173

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 225/40R18

R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	15/11/17.

Survey held at NHT.

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or _____

The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	TP AXA.

Date/Time, File **Pass** to?

1) _____

Date/Time, File **Return** to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

9813F

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	9813F

Vehicle Details

Vehicle No.	SKN3334M
Vehicle to be Exported	Yes
Intended De-registration Date	15 Nov 2017
Vehicle Make	VOLKSWAGEN
Vehicle Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
Primary Colour	Grey
Manufacturing Year	2014
Engine No.	CXS095020
Chassis No.	WVWZZZAUZEW363173
Maximum Power Output	90.0 kW (120 bhp)
Open Market Value	$20,925.00
Original Registration Date	30 May 2014
First Registration Date	30 May 2014
Transfer Count	0
Actual ARF Paid	$6,295.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 May 2024
PARF Rebate Amount	$4,721.00

Intended COE Rebate Details

COE Expiry Date	29 May 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	$60,002.00
COE Rebate Amount	$39,227.00
Total Rebate Amount	$43,948.00

The information contained herein is correct as at 15 Nov 2017